



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-00914-190**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
VA Eastern Kansas  
Health Care System  
Topeka, Kansas**

**June 26, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
MH	mental health
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCMM	Primary Care Management Module
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

## Table of Contents

	Page
<b>Executive Summary</b> .....	i
<b>Objectives, Scope, and Methodology</b> .....	1
Objectives .....	1
Scope .....	1
Methodology .....	1
<b>Results and Recommendations</b> .....	3
EOC .....	3
AUD .....	6
MM .....	8
DWHP Proficiency .....	9
<b>Appendixes</b>	
A. CBOC Profiles and Services Provided .....	10
B. PACT Compass Metrics .....	12
C. VISN Director Comments .....	16
D. Facility Director Comments .....	17
E. OIG Contact and Staff Acknowledgments .....	22
F. Report Distribution .....	23
G. Endnotes .....	24

## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of May 5, 2014, at the following CBOCs which are under the oversight of the VA Eastern Kansas Health Care System and Veterans Integrated Service Network 15:

- Chanute CBOC, Chanute, KS
- Fort Scott (Bourbon County) CBOC, Fort Scott, KS
- Garnett CBOC, Garnett, KS

**Review Results:** We conducted four focused reviews and had no findings for the Medication Management review. The Designated Women's Health Provider Proficiency review had a finding that did not result in a recommendation. However, we made recommendations in the following two review areas:

Environment of Care. Ensure that:

- External signage clearly identifies the building as a VA CBOC at the Garnett CBOC.
- Fire drills are performed every 12 months at the Garnett CBOC.
- The door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Garnett CBOC.
- Processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Garnett CBOC.
- The information technology server closet at the Chanute and Fort Scott CBOCs are maintained according to information technology safety and security standards.
- Managers conduct environment of care rounds semi-annually at the Garnett CBOC.
- The parent facility includes staff at the Chanute, Fort Scott, and Garnett CBOCs in required education, training, planning, and participation in annual disaster exercises.
- The parent facility's Emergency Management Committee evaluate the Chanute, Fort Scott, and Garnett CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

**Comments**

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–21, for the full text of the Directors’ comments.) We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives, Scope, and Methodology

### Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.<sup>1</sup> Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

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<sup>1</sup> Includes 93 CBOCs in operation before March 31, 2013.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>2</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH primary care providers designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

<sup>2</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>a</sup>

We reviewed relevant documents and conducted physical inspections of the Chanute, Fort Scott, and Garnett CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 2. EOC**

NM	Areas Reviewed	Findings
X	The CBOC's location is clearly identifiable from the street as a VA CBOC.	The Garnett CBOC's location was clearly not identifiable from the street as a VA CBOC by the address provided by the parent facility.
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed and tested in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
X	The CBOC conducts fire drills at least every 12 months.	There was no evidence of fire drills occurring at least every 12 months at the Garnett CBOC.
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not lying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	<p>The examination room for women veterans at the Garnett CBOC was not equipped with either an electronic or manual door lock.</p> <p>Gowned women veterans at the Garnett CBOC cannot access gender-specific restrooms without entering public areas.</p>
X	The information technology network room/server closet is locked.	Access to the information technology network room/server closets at the Chanute and Fort Scott CBOCs was not documented.
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
X	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	EOC rounds were not conducted semi-annually at the Garnett CBOC.
	The CBOC has an automatic external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
X	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	The parent facility did not include the Chanute, Fort Scott, and Garnett CBOCs in required education, training, planning, and participation leading up to the annual disaster exercises.
X	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	The parent facility's Emergency Management Committee did not evaluate the Chanute, Fort Scott, and Garnett CBOCs' emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.

## **Recommendations**

1. We recommended that external signage clearly identifies the building as a VA CBOC at the Garnett CBOC.
2. We recommended that fire drills are performed every 12 months at the Garnett CBOC.
3. We recommended that the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Garnett CBOC.
4. We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Garnett CBOC.
5. We recommended that the information technology server closets at the Chanute and Fort Scott CBOCs are maintained according to information technology safety and security standards.
6. We recommended that managers conduct environment of care rounds semi-annually at the Garnett CBOC.
7. We recommended that the parent facility include staff at the Chanute, Fort Scott, and Garnett CBOCs in required education, training, planning, and participation in annual disaster exercises.
8. We recommended that the parent facility's Emergency Management Committee evaluate the Chanute, Fort Scott, and Garnett CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

## AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.<sup>b</sup>

We reviewed relevant documents. We also reviewed 31 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 4 (13 percent) of 31 patients who had positive alcohol use screens.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 12 of 22 RN Care Managers did not receive motivational interviewing training within 12 months of appointment to PACT.
X	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 3 of 22 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.
	The facility complied with any additional elements required by VHA or local policy.	

## Recommendations

9. We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

**10.** We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

**MM**

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>c</sup>

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 4. Fluoroquinolones**

NM	Areas Reviewed	Findings
	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

## DWHP Proficiency

The purpose of this review was to determine whether the facility’s CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>d</sup>

We reviewed the facility self-assessment, VHA and local policies, PCMM data, and supporting documentation for DWHPs’ proficiencies. The table below shows the areas reviewed for this topic.

**Table 5. DWHP Proficiency**

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
X	CBOC and PCC DWHPs were designated with the WH indicator in the PCMM.	Four of five DWHPs were not designated with the WH indicator in the PCMM.

The facility made the required WH designation in PCMM for CBOC and PCC DWHPs during the weeks of our reviews. We verified the updated information.

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>3</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>5</sup>	CBOC Size <sup>6</sup>	Uniques <sup>4</sup>				Encounters <sup>4</sup>			
					MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All	MH <sup>7</sup>	PC <sup>8</sup>	Other <sup>9</sup>	All
St. Joseph	MO	589GI	Urban	Mid-Size	423	2,464	380	2,629	4,618	5,377	514	10,509
Junction City	KS	589GR	Rural	Mid-Size	379	1,954	455	2,225	1,500	4,583	740	6,823
Wyandotte County VA Outpatient Clinic	KS	589GJ	Urban	Mid-Size	373	1,371	831	1,523	1,807	3,161	2,059	7,027
Lawrence	KS	589GU	Urban	Small	158	864	114	954	1,290	1,320	210	2,820
Ft. Scott (Bourbon Co.)	KS	589GV	Rural	Small	97	443	91	491	456	909	273	1,638
Chanute	KS	589GM	Rural	Small	47	329	1	345	253	697	1	951
Emporia	KS	589GN	Rural	Small	30	225	1	244	146	462	1	609
Garnett	KS	589GP	Rural	Small	22	166	0	172	72	340	0	412
Seneca	KS	589GT	Rural	Small	0	115	0	115	0	145	0	145

<sup>3</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>4</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the October 1, 2012, through September 30, 2013, timeframe at the specified CBOC.

<sup>5</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>6</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

<sup>7</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>8</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary Care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>9</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

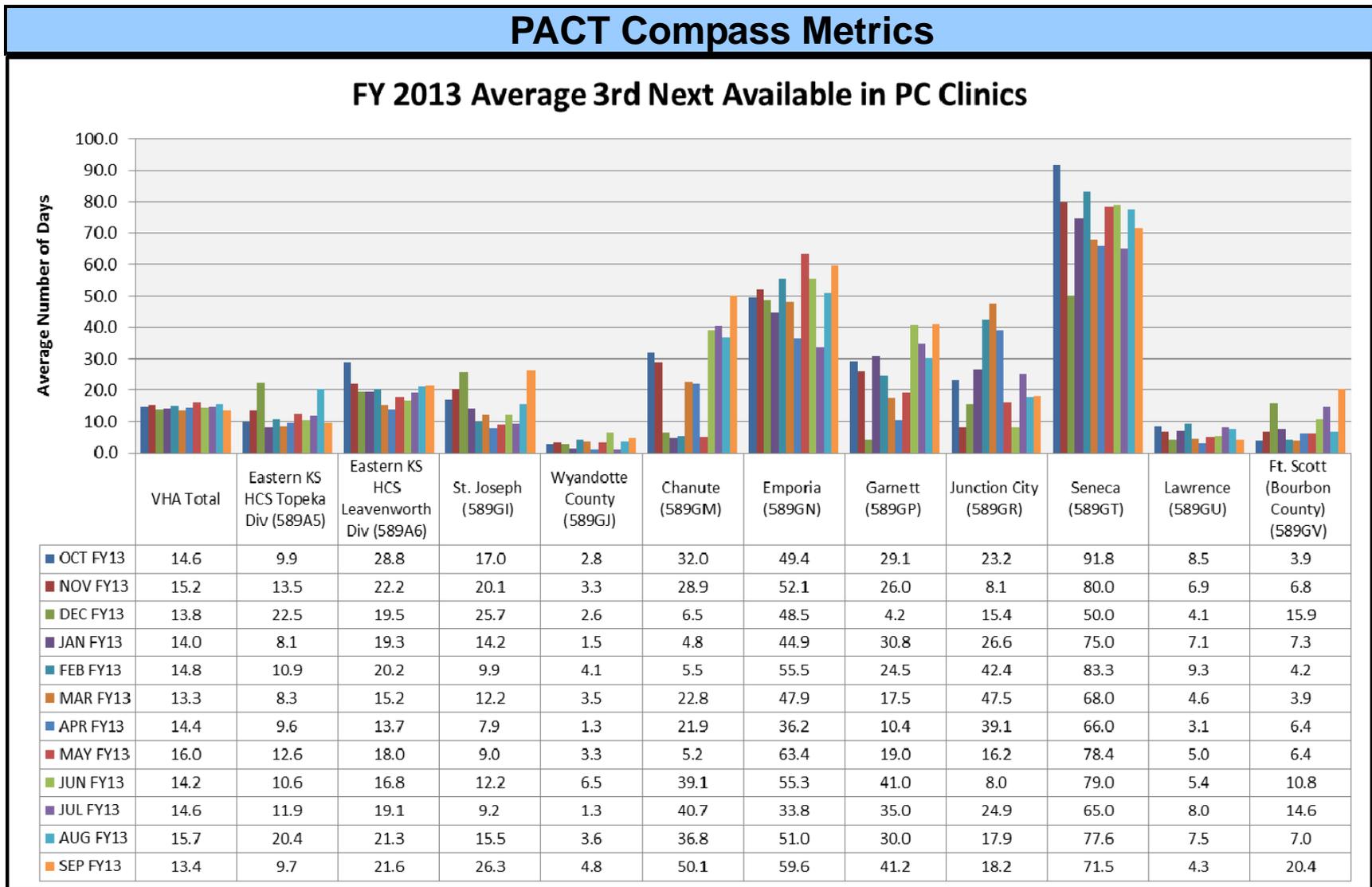
In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.

CBOC	Specialty Care Services <sup>10</sup>	Ancillary Services <sup>11</sup>	Tele-Health Services <sup>12</sup>
St. Joseph	---	Electrocardiography	Tele Primary Care
Junction City	---	Electrocardiography MOVE! Program Pharmacy	Tele Case Management Tele Primary Care
Wyandotte County VA Outpatient Clinic	---	Electrocardiography	Tele Primary Care
Lawrence	---	---	---
Ft. Scott (Bourbon Co.)	Podiatry	---	---
Chanute	---	---	---
Emporia	---	---	---
Garnett	---	---	---
Seneca	---	---	---

<sup>10</sup> Specialty Care Services refer to non-Primary Care and non-MH services provided by a physician.

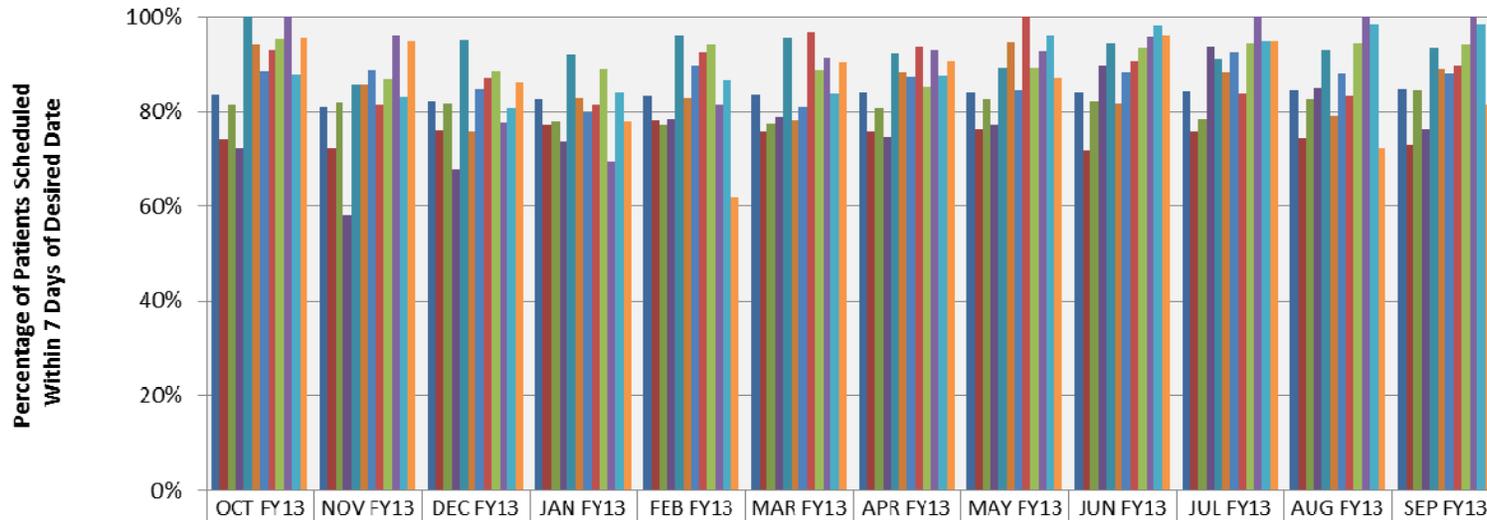
<sup>11</sup> Ancillary Services refer to non-Primary Care and non-MH services that are not provided by a physician.

<sup>12</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)



**Data Definition.<sup>e</sup>** The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

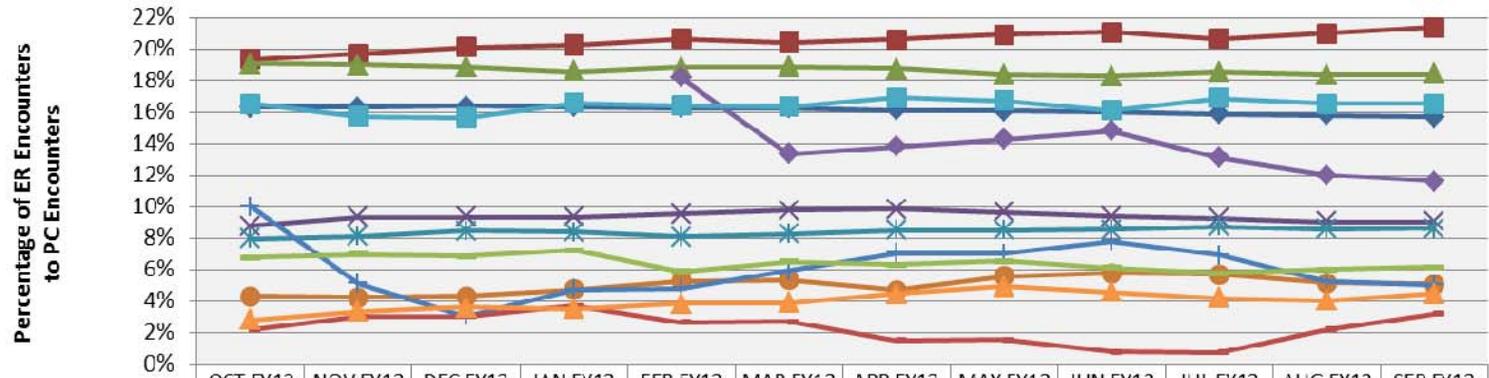
### FY 2013 Established PC Prospective Wait Times 7 Days



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	83.5%	81.1%	82.4%	82.6%	83.2%	83.6%	84.0%	84.0%	84.1%	84.3%	84.5%	84.7%
(589A5) Eastern KS HCS Topeka Div	74.3%	72.1%	75.9%	77.2%	78.2%	75.6%	75.7%	76.2%	71.8%	75.7%	74.6%	73.1%
(589A6) Eastern KS HCS Leavenworth Div	81.6%	82.1%	81.8%	78.1%	77.2%	77.4%	80.7%	82.5%	82.2%	78.6%	82.6%	84.6%
(589G1) St. Joseph	72.2%	58.2%	67.7%	73.8%	78.4%	78.7%	74.8%	77.4%	89.9%	93.9%	85.1%	76.3%
(589GJ) Wyandotte County	100.0%	85.7%	95.0%	92.1%	96.0%	95.6%	92.4%	89.4%	94.3%	91.0%	93.0%	93.5%
(589GM) Chanute	94.2%	85.9%	75.7%	82.9%	82.7%	78.3%	88.4%	94.5%	81.8%	88.2%	79.0%	89.1%
(589GN) Emporia	88.6%	88.9%	84.7%	79.7%	89.7%	81.0%	87.2%	84.6%	88.3%	92.5%	88.2%	88.1%
(589GP) Garnett	93.2%	81.5%	87.0%	81.5%	92.5%	97.0%	93.9%	100.0%	90.6%	83.9%	83.3%	89.7%
(589GR) Junction City	95.4%	86.9%	88.5%	89.0%	94.1%	88.8%	85.3%	89.3%	93.5%	94.4%	94.4%	94.1%
(589GT) Seneca	100.0%	96.2%	77.8%	69.6%	81.5%	91.3%	93.1%	92.9%	95.8%	100.0%	100.0%	100.0%
(589GU) Lawrence	87.9%	83.0%	80.7%	84.1%	86.6%	83.7%	87.5%	96.1%	98.2%	94.7%	98.3%	98.4%
(589GV) Ft. Scott (Bourbon County)	95.6%	94.8%	86.3%	78.0%	61.9%	90.2%	90.6%	87.1%	96.1%	94.8%	72.2%	81.6%

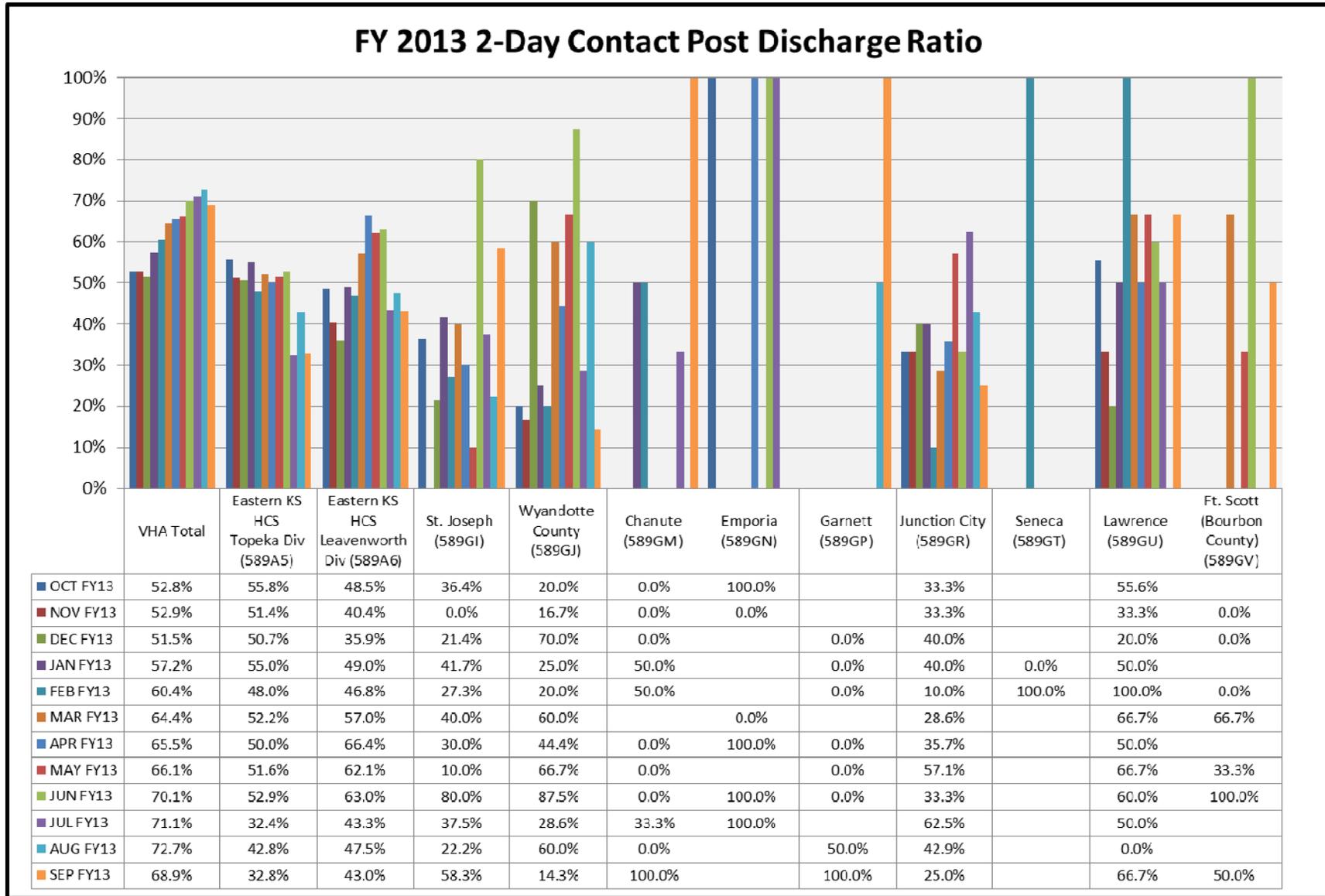
**Data Definition.**<sup>e</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in PCCs 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no fiscal year to date score for this measure.

### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Eastern KS HCS Topeka Div (589A5)	19.4%	19.7%	20.1%	20.3%	20.6%	20.4%	20.6%	20.9%	21.1%	20.7%	21.0%	21.4%
Eastern KS HCS Leavenworth Div (589A6)	19.1%	19.0%	18.9%	18.6%	18.8%	18.9%	18.8%	18.4%	18.3%	18.5%	18.4%	18.4%
St. Joseph (589GI)	8.8%	9.3%	9.3%	9.3%	9.5%	9.8%	9.9%	9.7%	9.4%	9.3%	9.0%	9.0%
Wyandotte County (589GJ)	7.9%	8.1%	8.5%	8.4%	8.1%	8.3%	8.5%	8.5%	8.6%	8.7%	8.6%	8.6%
Chanute (589GM)	4.3%	4.2%	4.3%	4.7%	5.3%	5.4%	4.7%	5.6%	5.8%	5.7%	5.1%	5.1%
Emporia (589GN)	10.0%	5.1%	3.0%	4.7%	4.8%	5.9%	7.0%	7.0%	7.8%	6.9%	5.2%	5.0%
Garnett (589GP)	2.2%	3.0%	3.1%	3.7%	2.7%	2.7%	1.5%	1.5%	0.8%	0.7%	2.2%	3.2%
Junction City (589GR)	6.8%	7.0%	6.8%	7.2%	5.9%	6.5%	6.3%	6.5%	6.1%	5.8%	6.0%	6.2%
Seneca (589GT)					18.2%	13.3%	13.8%	14.3%	14.8%	13.1%	12.0%	11.6%
Lawrence (589GU)	16.5%	15.7%	15.7%	16.6%	16.4%	16.4%	16.9%	16.7%	16.1%	16.9%	16.5%	16.5%
Ft. Scott (Bourbon County) (589GV)	2.8%	3.3%	3.6%	3.5%	3.9%	3.9%	4.5%	4.9%	4.6%	4.2%	4.0%	4.5%

**Data Definition.**<sup>e</sup> This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient’s primary care provider/AP. Blank cells indicate the absence of reported data.



**Data Definition.**<sup>6</sup> Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** June 9, 2014

**From:** Director, VA Heartland Network (10N15)

**Subject:** **CBOC and PCC Reviews of the VA Eastern Kansas Health Care System, Topeka, KS**

**To:** Director, Kansas City Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

Attached, please find the initial status response for the CBOC and PCC Reviews of the VA Eastern Kansas Health Care System, Topeka, KS (Conducted the week of May 5, 2014).

I have reviewed and concur with the Medical Center Director's response. Thank you for this opportunity to focus on continuous performance improvement.

For additional questions, please feel free to contact Mary O'Shea, VISN 15 Quality Management Officer at 816-701-3000.



WILLIAM P. PATTERSON, MD, MSS

Network Director

VA Heartland Network (VISN 15)

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

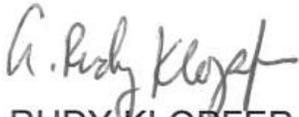
**Date:** June 6, 2014

**From:** Director, VA Eastern Kansas Health Care System  
(589A5/00)

**Subject:** **CBOC and PCC Reviews of the VA Health Eastern  
Kansas Care System, Topeka, KS**

**To:** Director, VA Heartland Network (10N15)

I appreciate the OIG's comprehensive report and efforts to ensure high quality for our Veterans. Eastern Kansas is in concurrence with the report.



A. RUDY KLOPFER, FACHE, VHA-CM

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### OIG Recommendations

**Recommendation 1.** We recommended that external signage clearly identifies the building as a VA CBOC at the Garnett CBOC.

Concur

Target date for completion: January 2015

Facility response: Host facility is currently constructing a new building. Permanent signage will be addressed once the new hospital is completed and official hospital signage is installed. As an interim measure a temporary sign will be made to be displayed during VA Clinic hours and a request to post the sign on the exterior of Garnett Hospital will be made to the leasor of the space. Occupancy is expected in January 2015.

**Recommendation 2.** We recommended that fire drills are performed every 12 months at the Garnett CBOC.

Concur

Target date for completion: November 2014

Facility response: Eastern Kansas Health Care System in conjunction with the Garnett CBOC will ensure that fire drills are conducted when CBOC staff is present. The fire drills for fiscal year 14 will be completed by the end of the 4th quarter. Documentation will be collected in the Occupational Safety and Health Department and the Environment of Care committee will monitor progress, documentation, and compliance.

**Recommendation 3.** We recommended that the door to the examination room designated for women veterans is equipped with an electronic or manual lock at the Garnett CBOC.

Concur

Target date for completion: January 2015

Facility response: Host facility is currently constructing a new building. All examination rooms in the new hospital at Garnett will be equipped with manual locks. Per DUSHOM Privacy Dignity and Security guidelines – Precautions in place are curtains which shield exam table and room from view of door way and the foot of the exam tables are not aimed at the door. Administrative protocols also in place include: staff knock and wait

before entering, patients are also shielded with drapes to minimize exposure. Occupancy is expected in January 2015.

**Recommendation 4.** We recommended processes are strengthened to ensure women veterans can access gender-specific restrooms without entering public areas at the Garnett CBOC.

Concur

Target date for completion: January 2015

Facility response: The new hospital space dedicated to the VA will provide gender specific bathrooms in the Specialty Clinic suite; separating itself from public areas. Administrative controls are currently in place for this location to ensure patients' dignity that follows handbook requirements – Patients are offered use of toilet prior to disrobing for exam. If a patient is in a gown and indicates the need to use the restroom which is in a public area, staff have been directed and will accommodate the patient to redress if they choose prior to exiting the exam room. If a patient voices concern about time to dress, staff have access to drapes/sheets/additional gowns to cover patient to assure no exposure. Occupancy is expected in January 2015.

**Recommendation 5.** We recommended that the information technology server closets at the Chanute and Fort Scott CBOCs are maintained according to information technology safety and security standards.

Concur

Target date for completion: January 2015

Facility response: Eastern Kansas Health Care System CBOC Manager and information technology will work with contract hospitals to ensure that a sign-in log is placed in information technology rooms associated with leased CBOC space. CBOC manager and/or information technology staff will monitor for on-going compliance during visits at least semi-annually. If compliance is maintained, monitoring may be completed on an annual basis.

**Recommendation 6.** We recommended that managers conduct environment of care rounds semi-annually at the Garnett CBOC.

Concur

Target date for completion January 2015

Facility response: Eastern Kansas Health Care System will ensure that semi-annual environment of care rounds are conducted at all CBOCs. Documentation will be maintained in Occupational Safety and Health office. The Environment of Care Committee will monitor progress and review documentation for compliance.

**Recommendation 7.** We recommended that the parent facility include staff at the Chanute, Fort Scott, and Garnett CBOCs in required education, training, planning, and participation in annual disaster exercises.

Concur

Target date for completion: January 2015

Facility response: Eastern Kansas Health Care System will fully incorporate the CBOCs into the drill and exercise schedule and will document compliance with this requirement. The Emergency Management Committee will monitor progress and review documentation.

**Recommendation 8.** We recommended that the parent facility's Emergency Management Committee evaluate the Chanute, Fort Scott, and Garnett CBOCs' emergency preparedness activities, participation in annual disaster exercises, and staff training/education relating to emergency preparedness requirements.

Concur

Target date for completion: January 2015

Facility response: Eastern Kansas Health Care System will fully incorporate the CBOCs into the drill and exercise schedule and will document compliance with this requirement. The Emergency Management Committee will monitor progress and review documentation.

**Recommendation 9.** We recommended that CBOC/Primary Care Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: March 2015

Facility response: The alcohol use screening template will be updated to assure current diagnostic assessments are being completed on patients with a positive alcohol screen. The template will include the offering of further treatment options for those patients with diagnosed alcohol dependence.

Education will be provided to all staff on the importance of completing the assessments, offering treatment options to patients as well as proper documentation. Audits will be completed monthly on 33 percent of patients with positive screens to ensure provider assessment compliance. Medicine Chief will be notified monthly of compliance percentage and on any issues of non-compliance. Audits will decrease to quarterly after 3 months of 90 percent or above compliance is reached. PACT Oversight Committee will monitor progress and review documentation.

**Recommendation 10.** We recommended that CBOC/Primary Care Clinic Registered Nurse Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: January 2015

Facility response: PACT Nurse Manager(s) will assign PACT RN Care Manager(s) to attend TEACH and Motivational Interviewing courses within 12 months of hire/transfer to PACT. PACT Nurse Managers will monitor compliance monthly until 90 percent or above compliance is maintained for 2 quarters. PACT Oversight Committee will monitor progress and review documentation.

## OIG Contact and Staff Acknowledgments

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## Endnotes

<sup>a</sup> References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

<sup>b</sup> References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention, Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from [http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER\\_Prevention\\_News\\_Winter\\_2012\\_2013\\_fiscal\\_year12\\_TEACH\\_MI\\_Facilitator\\_Training.asp](http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2013_fiscal_year12_TEACH_MI_Facilitator_Training.asp) on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

<sup>c</sup> References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

<sup>d</sup> References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook, 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>e</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.